

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8691</u>	2. Fiscal Year Covered From: <u>AMENDED</u> <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>L</u> <u>Lessin</u> P.O. Box, Bldg., Room No., if any <u>Suite 120</u> Street <u>297 N. Marengo Ave</u> City <u>Pasadena</u> State <u>California</u> ZIP Code + 4 <u>91101</u>	4. Name, file number, and address of labor organization. Name <u>Painters AFL-CIO DC 36</u> Labor Organization File Number <u>030-396</u> P.O. Box, Building and Room Number, if any <u>Suite 120</u> Street <u>297 N. Marengo Ave</u> City <u>Pasadena</u> State <u>California</u> ZIP Code + 4 <u>91101</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin-left: auto;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *[Signature]*

On **09/06/2005** **626-584-9925**
Date Telephone Number

Name of Person Filing Robert Lessin

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters and Allied Trades Labor Management

Trade Name, if any: P & AT LMCI

P.O. Box, Bldg., Room No., if any

Street 1750 New York Ave

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LMCI deals with the Labor/Management component of the industries we deal with

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended TS2 show and LMCI paid for dinner, value of \$91.65 (7/12). LMCI paid for hotel bill in the amount of 186.14 at the TS2 show. Dinner sponsored by LMCI on 8/8/04 value of 92.79. Dinner sponsored by LMCI on 8/18/04 value of 92.79.

12.b. Amount.

\$463

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Robert Lessin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sign Pictorial And Display Industry Pension

Trade Name, if any: 510 Pension Trust

P.O. Box, Bldg., Room No., if any PO Box 2500

Street 633 Battery St

City San Francisco

State California ZIP Code + 4 94126

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Pension Trust that provided for benefits to the members of our organization

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended a Trust meeting on 5/17/2004 and Trust paid for lunch

12.b. Amount.

\$35

Robert Lessin
Reporting period ending December 31, 2004

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.